
AMENDED FILING EXPLANATION



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003
of the Condition and Affairs of the

Physicians Health Plan of Southwest Michigan

NAIC Group Code..... 1334,
(Current Period) (Prior Period)

NAIC Company Code..... 52569

Employer's ID Number..... 38-3376063

Organized under the Laws of Michigan

State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as Business Type Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Date Incorporated or Organized..... March 31, 2000

Date Commenced Business..... June 1, 2000

Statutory Home Office

106 Farmers Alley Suite 300 Kalamazoo MI 49005-1100
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

106 Farmers Alley Suite 300 Kalamazoo MI 49005-1100
(Street and Number) (City or Town, State and Zip Code)

269-341-7200
(Area Code) (Telephone Number)

Mail Address

106 Farmers Alley Suite 300 Kalamazoo MI 49005-1100
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

106 Farmers Alley Suite 300 Kalamazoo MI 49005-1100
(Street and Number) (City or Town, State and Zip Code)

269-341-7200
(Area Code) (Telephone Number)

Internet Website Address

www.phpiba.com

Statutory Statement Contact

David Lee Vis
(Name)
dvis@ibahealth.com
(E-Mail Address)

269-341-7311
(Area Code) (Telephone Number) (Extension)
269-341-6928
(Fax Number)

Policyowner Relations Contact

106 Farmers Alley Suite 300 Kalamazoo MI 49005-1100
(Street and Number) (City or Town, State and Zip Code)

269-341-7200
(Area Code) (Telephone Number) (Extension)

OFFICERS

Chief Executive Officer Kenneth Lee Taft

Chief Financial Officer David Lee Vis

Secretary Kenneth Lee Taft

President David Ike Kibbe

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Susan Mary Ulshafer #

Kenneth Lee Taft

Owen Mark Berow M.D.

David William Burke M.D. #

Abbe Jane Siver

David Vincent Copeland

Dawn Joann Kline

Konrads Valentins Lubvas M.D

Judy Markusse Mann #

State of..... Michigan

County of..... Kalamazoo

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Signature
Kenneth Lee Taft
(Printed Name)

Signature
Kenneth Lee Taft
(Printed Name)

Signature
David Lee Vis
(Printed Name)

Subscribed and sworn to before me this

.....day of, 2004

a. Is this an original filing? Yes [] No [X]

b. If no: 1.State the amendment number 1

2. Date filed..... 4/19/2004

3. Number of pages attached.....

NOTES TO FINANCIAL STATEMENTS

1. **SIGNIFICANT ACCOUNTING POLICIES**

Basis of Presentation - The financial statements have been prepared on the basis of accounting practices prescribed or permitted by the Michigan Office of Financial and Insurance Services (OFIS) and the National Association of Insurance Commissioners (NAIC). These practices differ in some respects from generally accepted accounting principles. Certain assets are considered non-admitted for statutory purposes and are excluded from the balance sheet. These non-admitted assets have been allocated to retained earnings in the financial statements.

Cash and Cash Equivalents – Short-term investments with maturity of three months or less at the time of purchase are reported as cash equivalents.

Property and Equipment - Property and equipment are stated at cost, less accumulated depreciation. Depreciation is provided on a straight-line basis, over the estimated useful lives of the property, which range from 3 to 15 years.

Claims Payable – Accrued medical claims and related expenses (hospitalization and other outside medical services) include amounts billed and not paid and an estimate of costs incurred for unbilled services provided to the balance sheet date.

Premiums – Premiums are recognized in the period in which the members are entitled to health care services. Premiums billed and collected in advance are recorded as unearned premiums.

Use of Estimates – The statutory basis financial statements have been prepared in accordance with the accounting practices prescribed or permitted by the CIS, which is a comprehensive basis of accounting other than generally accepted accounting principles, and requires the use of certain estimates, the most significant of which related to incurred but unreported claims for medical services. Actual results could differ from these estimates.

2. **ACCOUNTING CHANGES AND CORRECTION OF ERRORS**

The state of Michigan has adopted codification effective January 1, 2003.

3. **BUSINESS COMBINATIONS AND GOODWILL**

Not applicable.

4. **DISCONTINUED OPERATIONS**

Not applicable.

5. **INVESTMENTS**

Carrying value of investments in debt securities designated for GAAP reporting purposes as available-for-sale securities are carried at amortized cost rather than fair value.

6. **JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES**

The company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

7. **INVESTMENT INCOME**

All income due or accrued has been included in the filing.

8. **DERIVATIVE INSTRUMENTS**

Not applicable.

9. **INCOME TAXES**

PHPSWM has been granted tax exempt status under IRS Code Section 501(c)(4).

10. **INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES**

Bronson Healthcare Group, Inc. contributed capital of \$699,918 to PHPSWM during 2003.

PHPSWM members obtain medical services from Bronson Hospital, which is part of the PHPSWM provider network. As a result, medical service expenses include approximately \$10,683,518 of claims for 2003. Additionally, related parties of Bronson Practice Management and Bronson Vicksburg Hospital had medical services expense of approximately \$823,464 and \$211,487 respectively.

PHPSWM has a management agreement with IBA Health and Life Assurance Company for certain administrative expenses. Payments for these services were \$3,867,191 during 2003.

PHPSWM is a partner with 1/3 ownership of the PHP Shared Services, L.L.C. The purpose of the PHP Shared Services, L.L.C. is to facilitate statewide contracting and achieve economies of health maintenance organization management, and other required services. Payments for these services were \$335,110 during 2003.

NOTES TO FINANCIAL STATEMENTS

11.

DEBT

Not applicable.
12.

RETIREMENT PLANS, DEFERRED COMPENSATION, POSTRETIREMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

Not applicable
13.

CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

Not applicable.
14.

CONTINGENCIES

In the ordinary course of operations, PHPSWM is subject to various litigation matters related to health benefits provided to its subscribers. Although the outcome of these matters cannot be determined, it is management's opinion that disposition of these proceeds will not have a material adverse effect on the financial position or the results of operations.
15.

LEASES

There are no lease obligations.
16.

INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Not applicable.
17.

SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

Not applicable.
18.

GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

PHPSWM has a risk-sharing arrangement with United Healthcare Insurance Company (UHIC), whereby PHPSWM earns 70% of the net profit or loss (as defined) of the HMO's out-of-area product and out-of-network portion of a point-of-service product.
19.

DIRECT PREMIUM WRITTEN PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable.
20.

OTHER ITEMS

PHPSWM elected to use rounding in reporting amounts in the statement.
21.

SUBSEQUENT EVENTS

There are no subsequent events to December 31, 2003 that require disclosure.
22.

REINSURANCE

PHPSWM has a reinsurance contract whereby it cedes exposure of potential losses arising from large medical claims. Amounts to be received under reinsurance agreements are recorded as a reduction in health care costs when the claim is identified and can be reasonably estimated. Reinsurance ceded contracts do not relieve PHPSWM from its obligations to providers. PHPSWM initially pays all claims and assumes responsibility for the portion reinsured, to the extent that the reinsured does not meet its obligations assumed under the reinsurance agreement.
23.

RETROSPECTIVELY RATED CONTRACTS

Not applicable.
24.

CHANGE IN INCURRED CLAIMS AND CLAIM ADJUSTMENT EXPENSES

Reserves for incurred claims attributable to insured events of prior years has decreased by \$5.7 million from \$5.9 million in 2002 to \$.2 million in 2003.
25.

INTERCOMPANY POOLING ARRANGEMENTS

Not applicable.

NOTES TO FINANCIAL STATEMENTS

26. STRUCTURED SETTLEMENTS

Not applicable.

27. HEALTH CARE RECEIVABLES (amounts in thousands)

Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2003	308				
9/30/2003	222	167	161		
6/30/2003	245	148	136		
3/30/2003	134	136	124		
12/31/2002	174	152	105		40
9/30/2002	146	145	92		53
6/30/2002	190	158	127		31
3/30/2002	149	150	145		5
12/31/2001	240	167	159		8
9/30/2001	249	180	174		6
6/30/2001	316	159	159		0
3/30/2001					

NOTES TO FINANCIAL STATEMENTS

Psychotropic Rebate Receivables

Quarter	Estimated Psychotropic Rebates as Reported on Financial Statements	Psychoptopic Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2003	780				
9/30/2003	780	358	317	41	
6/30/2003	780	1,079	1,079		
3/30/2003	780	954	636	318	
12/31/2002	675	788		788	
9/30/2002	625	849	87	499	263
6/30/2002	525	847	847		
3/30/2002	525	807	807		
12/31/2001	575	735	634	101	
9/30/2001	600	705	574	131	
6/30/2001	691	655	123	432	99
3/30/2001	567	626		573	53

Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Rec as Est in Prior Yr	Risk Share Rec as Est in Cur Yr	Risk Share Receivable Billed	Risk Share Rec Not Yet Billed	Actual Risk Share Amt Rec'd in Yr Billed	Actual Risk Share Amt Rec'd First Yr Subsequent	Actual Risk Share Amt Rec'd Second Yr Subsequent	Actual Risk Share Amt Rec'd All Other
2003	2003	784	370	784	369	784	0	0	0
	2004	0	0	0	0	0	0	0	0
2002	2002	501	785	501	784	501	784	0	0
	2003	0	0	0	0	0	0	0	0
2001	2001	967	501	967	501	967	501	0	0
	2002	0	0	0	0	0	0	0	0

28. PARTICIPATING POLICIES

Not applicable.

NOTES TO FINANCIAL STATEMENTS

29. PREMIUM DEFICIENCY RESERVES

As of December 31, 2003, the Company had liabilities of \$289,000 related to premium deficiency reserves. The Company did not consider anticipated investment income when calculating its premium deficiency reserves.

30. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written with this license, the Company has no salvage. As of December 31, 2003 and 2002 the company had no specific accruals established for outstanding subrogation, as it is considered as a component of the actuarial calculations used to develop the estimates of incurred but not yet reported claims.

Physicians Health Plan of Southwest Michigan
GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

- 1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [☐]No [☒ X]
- 1.2

If yes, indicate premium earned on U.S. business only

\$.....0
- 1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$.....0

1.31Reason for excluding

- 1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$.....0
- 1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....0
- 1.6

Individual policies:

Most current three years:

1.61Total premium earned

1.62Total incurred claims

1.63Number of covered lives

All years prior to most current three years:

1.64Total premium earned

1.65Total incurred claims

1.66Number of covered lives
- 1.7

Group policies:

Most current three years:

1.71Total premium earned

1.72Total incurred claims

1.73Number of covered lives

All years prior to most current three years:

1.74Total premium earned

1.75Total incurred claims

1.76Number of covered lives

2.

Health test:

	1	2
	Current Year	Prior Year
2.1Premium Numerator.....	59,740,922	62,030,109
2.2Premium Denominator.....	59,740,922	62,030,109
2.3Premium Ratio (2.1/2.2).....	100.0	100.0
2.4Reserve Numerator.....	5,473,993	9,090,532
2.5Reserve Denominator.....	7,803,294	9,090,533
2.6Reserve Ratio (2.4/2.5).....	70.1	100.0

- 3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [☐]No [☒ X]
- 3.2

If yes, give particulars:

- 4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and departments been filed with the appropriate regulatory agency?

Yes [☒ X]No [☐]
- 4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [☐]No [☒ X]
- 5.1

Does the reporting entity have stop-loss reinsurance?

Yes [☒ X]No [☐]
- 5.2

If no, explain:

- 5.3

Maximum retained risk (see instructions):

5.31Comprehensive medical

5.32Medical only

5.33Medicare supplement

5.34Dental

5.35Other limited benefit plan

5.36Other

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Plan carries insolvency protection as a rider to its reinsurance agreement. In the provider agreements, the medical group agrees not to maintain any action at law or in equity against a Member to collect sums that are owed to Medical Group by HDN or payor under the terms of this agreement, even in the event that the HDN or payor fails to pay, becomes insolvent or
- 7.1

Does the reporting entity set up its claim liability for provider services on a service data base?

Yes [☒ X]No [☐]
- 7.2

If no, give details:

8.

Provide the following information regarding participating providers:

8.1Number of providers at start of reporting year

8.2Number of providers at end of reporting year
- 9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [☐]No [☒ X]
- 9.2

If yes, direct premium earned:

9.21Business with the rate guarantees between 15-36 months

9.22Business with rate guarantees over 36 months

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES (continued)

10.1

Does the reporting entity have Incentive Pool, Withhold and Bonus arrangements in its provider contracts?

Yes ☒]

No ☐]

10.2

If yes:

10.21

Maximum amount payable bonuses

\$.....0

10.22

Amount actually paid for year bonuses

\$.....0

10.23

Maximum amount payable withholds

\$.....703,396

10.24

Amount actually paid for year withholds

\$.....713,260

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model,

Yes ☐]

No ☒]

11.13

An Individual Practice Association (IPA), or

Yes ☒]

No ☐]

11.14

A Mixed Model (combination of above)?

Yes ☐]

No ☒]

11.2

Is the reporting entity subject to Minimum Net Worth Requirements?

Yes ☒]

No ☐]

11.3

If yes, show the name of the state requiring such net worth.

Michigan

11.4

If yes, show the amount required.

\$.....4,900,034

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes ☐]

No ☒]

11.6

If the amount is calculated, show the calculation:

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Allegan, Berrien, Barry, Branch, Calhoun, Cass,
Kalamazoo, St. Joseph, Van Buren

Physicians Health Plan of Southwest Michigan
FIVE-YEAR HISTORICAL DATA

	1 2003	2 2002	3 2001	4 2000	5 1999
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26).....	15,745,294	18,588,141	20,187,016	15,543,700	
2. Total liabilities (Page 3, Line 22).....	9,689,376	11,134,817	14,630,581	13,953,208	
3. Statutory surplus.....	4,900,034	7,452,874	5,555,985	4,499,550	
4. Total capital and surplus (Page 3, Line 30).....	6,055,918	7,453,324	5,556,435	1,590,492	
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	57,222,546	62,030,109	74,502,993	46,061,914	
6. Total medical and hospital expenses (Line 18).....	51,361,791	53,757,344	66,885,262	42,720,972	
7. Total administrative expenses (Line 21).....	5,634,473	6,126,158	7,735,119	6,679,607	
8. Net underwriting gain (loss) (Line 24).....	(2,393,473)	(271,167)	(1,256,518)	(3,126,943)	
9. Net investment gain (loss) (Line 27).....	301,516	455,534	657,945	537,599	
10. Total other income (Lines 28 plus 29).....					
11. Net income or (loss) (Line 32).....	(2,091,957)	184,367	(598,573)	(2,589,344)	
Risk-Based Capital Analysis					
12. Total adjusted capital.....	6,055,918	7,453,324	5,556,435	1,590,492	
13. Authorized control level risk-based capital.....	2,450,017	2,510,114	3,044,616	3,777,311	
Enrollment (Exhibit 2)					
14. Total members at end of period (Column 5, Line 7).....	32,761	31,856	36,838	43,381	
15. Total member months (Column 6, Line 7).....	378,238	391,538	465,404	319,498	
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5)					
16. Premiums earned (Lines 2 plus 3).....	100.0	100.0	100.0	100.0	100.0
17. Total hospital and medical (Line 18).....	86.0	86.7	89.8	92.7	
18. Total underwriting deductions (Line 23).....	99.8	100.4	101.7	106.8	
19. Total underwriting gain (loss) (Line 24).....	(4.0)	(0.4)	(1.7)	6.8	
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
20. Total claims incurred for prior years (Line 12, Col. 5).....	2,839,637	7,331,909	11,563,950		
21. Estimated liability of unpaid claims - [prior year (Line 12, Col. 6)]	5,941,550	11,618,065	12,248,510		
Investments in Parent, Subsidiaries and Affiliates					
22. Affiliated bonds (Sch. D Summary, Line 25, Col. 1).....					
23. Affiliated preferred stocks (Sch D. Summary, Line 39, Col. 1).....					
24. Affiliated common stocks (Sch D. Summary, Line 53, Col. 2).....					
25. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11).....					
26. Affiliated mortgage loans on real estate.....					
27. All other affiliated.....	314,512	302,680	291,173	139,379	
28. Total of above Lines 22 to 27.....	314,512	302,680	291,173	139,379	.0

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	2	Direct Business Only					
			Guaranty Fund (YES or NO)	Is Insurer Licensed? (YES or NO)	3	4	5	6	7	8
State, Etc.					Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums and Deposit-Type Contract Funds	Property/ Casualty Premiums
1.	Alabama.....	AL	...NO.....	...NO.....						
2.	Alaska.....	AK	...NO.....	...NO.....						
3.	Arizona.....	AZ	...NO.....	...NO.....						
4.	Arkansas.....	AR	...NO.....	...NO.....						
5.	California.....	CA	...NO.....	...NO.....						
6.	Colorado.....	CO	...NO.....	...NO.....						
7.	Connecticut.....	CT	...NO.....	...NO.....						
8.	Delaware.....	DE	...NO.....	...NO.....						
9.	District of Columbia.....	DC	...NO.....	...NO.....						
10.	Florida.....	FL	...NO.....	...NO.....						
11.	Georgia.....	GA	...NO.....	...NO.....						
12.	Hawaii.....	HI	...NO.....	...NO.....						
13.	Idaho.....	ID	...NO.....	...NO.....						
14.	Illinois.....	IL	...NO.....	...NO.....						
15.	Indiana.....	IN	...NO.....	...NO.....						
16.	Iowa.....	IA	...NO.....	...NO.....						
17.	Kansas.....	KS	...NO.....	...NO.....						
18.	Kentucky.....	KY	...NO.....	...NO.....						
19.	Louisiana.....	LA	...NO.....	...NO.....						
20.	Maine.....	ME	...NO.....	...NO.....						
21.	Maryland.....	MD	...NO.....	...NO.....						
22.	Massachusetts.....	MA	...NO.....	...NO.....						
23.	Michigan.....	MI	...NO.....	...YES.....	10,348,534		49,925,917			
24.	Minnesota.....	MN	...NO.....	...NO.....						
25.	Mississippi.....	MS	...NO.....	...NO.....						
26.	Missouri.....	MO	...NO.....	...NO.....						
27.	Montana.....	MT	...NO.....	...NO.....						
28.	Nebraska.....	NE	...NO.....	...NO.....						
29.	Nevada.....	NV	...NO.....	...NO.....						
30.	New Hampshire.....	NH	...NO.....	...NO.....						
31.	New Jersey.....	NJ	...NO.....	...NO.....						
32.	New Mexico.....	NM	...NO.....	...NO.....						
33.	New York.....	NY	...NO.....	...NO.....						
34.	North Carolina.....	NC	...NO.....	...NO.....						
35.	North Dakota.....	ND	...NO.....	...NO.....						
36.	Ohio.....	OH	...NO.....	...NO.....						
37.	Oklahoma.....	OK	...NO.....	...NO.....						
38.	Oregon.....	OR	...NO.....	...NO.....						
39.	Pennsylvania.....	PA	...NO.....	...NO.....						
40.	Rhode Island.....	RI	...NO.....	...NO.....						
41.	South Carolina.....	SC	...NO.....	...NO.....						
42.	South Dakota.....	SD	...NO.....	...NO.....						
43.	Tennessee.....	TN	...NO.....	...NO.....						
44.	Texas.....	TX	...NO.....	...NO.....						
45.	Utah.....	UT	...NO.....	...NO.....						
46.	Vermont.....	VT	...NO.....	...NO.....						
47.	Virginia.....	VA	...NO.....	...NO.....						
48.	Washington.....	WA	...NO.....	...NO.....						
49.	West Virginia.....	WV	...NO.....	...NO.....						
50.	Wisconsin.....	WI	...NO.....	...NO.....						
51.	Wyoming.....	WY	...NO.....	...NO.....						
52.	American Samoa.....	AS	...NO.....	...NO.....						
53.	Guam.....	GU	...NO.....	...NO.....						
54.	Puerto Rico.....	PR	...NO.....	...NO.....						
55.	U.S. Virgin Islands.....	VI	...NO.....	...NO.....						
56.	Canada.....	CN	...NO.....	...NO.....						
57.	Aggregate Other alien.....	OT	...XXX.....	...XXX.....	0	0	0	0	0	0
58.	Total (Direct Business).....		...XXX.....	(a).....1	10,348,534	0	49,925,917	0	0	0

DETAILS OF WRITE-INS

5701.						
5702.						
5703.						
5798.	Summary of remaining write-ins for line 57 from overflow page.....	0	0	0	0	0
5799.	Total (Lines 5701 thru 5703 plus 5798) (Line 57 above).....	0	0	0	0	0

Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of yes responses except for Canada and Other Alien.